Kansas
Department for Aging and Disability Services

# §483.25(c) F314 – RESIDENT with PRESSURE ULCERS

## Based on QIS CE Pathway CMS-20078 – Pressure Ulcers

http://www.aging.ks.gov/Manuals/QISManual.htm

**Use of this tool is not mandated by KDADSfor regulatory compliance nor does its completion assure regulatory compliance. It is a resident specific review tool for staff to complete on a resident who has a pressure ulcer or is at risk of having a pressure ulcer. Additional critical thinking skills should be applied for a thorough evaluation.**

**DATE DUE:** _____

**RESIDENT NAME:** _____

**DATE(S) OF COMPLETION:** _____

**STAFF COMPLETING RESIDENT REVIEW**: _____

**RESIDENT CRITERIA** - Check criteria applicable to resident selected.

☐ Has Pressure Ulcer Identify Site(s) and Stage (s) _____

☐ At Risk for Developing a PU

## CODING INSTRUCTIONS

- Review the resident's assessment and care plan to see if the resident's concerns and needs were identified and addressed.
- Observe the resident, the care s/he receives and conduct interviews of the resident/family/representative and staff to see if the resident is receiving appropriate care and services.
- Based on your findings
  - Check the appropriate box: Yes ☐ No ☐
  - If the item does not apply to the resident leave the box blank.

**Review ASSESSMENT**

**Does Care Area Assessment (CAA) specify or direct to documentation** in clinical record that accurately and comprehensively assesses resident's overall condition of having pressure ulcers or being at risk for having pressure ulcers including the following:

☐ ☐ On admission, identification of pressure ulcer, possible deep tissue injury,or skin areas at risk for breakdown

☐ ☐ Cause of pressure ulcer

☐ ☐ Complications of pressure ulcer

☐ ☐ Effect of pressure ulcer on resident's mood and function

☐ ☐ Strengths and abilities of resident that can contribute to prevention of pressure ulcers or healing of pressure ulcers

☐ ☐ Causal and contributing factors of resident's resistance to care

☐ ☐ Rationale for care plan objective and goal

**Risk factors for Pressure Ulcer development:**

☐ ☐ Increased/decreased mobility and/or decreased functional ability

☐ ☐ Cognitive impairment

☐ ☐ Under-nutrition or malnutrition, such as significant weight loss

☐ ☐ Use of medications, such as steroids which may affect wound healing

☐ ☐ Healed pressure ulcer

☐ ☐ Exposure of skin to urinary and fecal incontinence

☐ ☐ Decline in clinical status or co-morbid diagnoses affecting mobility/positioning or ability of skin to endure effects of pressure

**Resident admitted with pressure ulcer, or developed pressure ulcer within 1–2 days of admission, documentation present on following:**

☐ ☐ Wound site and characteristics at the time of admission

☐ ☐ Possibility of underlying tissue damage due to immobility or illness prior to admission

☐ ☐ Skin condition on, or within a day of admission

☐ ☐ History of impaired nutrition

☐ ☐ History of previous pressure ulcers

**Review ASSESSMENT continued**

**Resident with Existing Pressure Ulcer, documentation present on following**:

☐ ☐ Reassessment of pressure ulcer where there were no signs of progression towards healing within two to four weeks
☐ ☐ Ulcer location
☐ ☐ Ulcer stage
☐ ☐ Ulcer size
☐ ☐ Ulcer sinus tracts
☐ ☐ Ulcer undermining
☐ ☐ Ulcer tunneling
☐ ☐ Ulcer exudates
☐ ☐ Ulcer tissue
☐ ☐ Presence of granulation tissue
☐ ☐ Lack of possible complications, such as signs of increased area of ulceration or soft tissue infection

**Review CARE PLAN**

**Care Plan:**

☐ ☐ Has quantifiable, measurable objective with timeframes to be able to assess whether the objectives have been met
☐ ☐ Based upon resident's goals, needs, risks and strengths
☐ ☐ Based upon resident choices and preferences, and interdisciplinary expertise
☐ ☐ Reflects comprehensive assessment (MDS & CAA)
☐ ☐ Promotes resident dignity

**Interventions include:**

☐ ☐ Pressure redistribution/relief heel protection device
☐ ☐ Pressure redistribution/relief device in wheelchair
☐ ☐ Pressure redistribution/relief device in chair or recliner
☐ ☐ Pressure redistribution/relief device in bed/mattress
☐ ☐ Prevention of shearing and friction
☐ ☐ Periodic inspection of skin state, including identification of responsible staff and frequency

**Review CARE PLAN continued**

☐ ☐ Daily evaluation of dressing conditon and surrounding skin status

☐ ☐ Pressure ulcer care and treatment, such as type of dressing, frequency of dressing change, wound cleansing and debridement, and managing infection

☐ ☐ Approaches to manage and monitor pain, including preemptive measures, when pain is present during dressing changes and treatments

☐ ☐ Monitoring co-morbid conditions that may affect risk for developing a pressure ulcer, or limiting healing of pressure ulcers, and efforts to stabilize the conditions, to extent possible, e.g., control of blood sugars, adequate food and fluid intake

☐ ☐ When care plan refers to nursing home protocol for pressure ulcer prevention and/or healing, deviations from or revisions to protocol for resident are clarified

☐ ☐ Protocol referenced in care plan available to caregivers, and staff familiar with protocol requirements

**Review CARE PLAN REVISION**

**Resident's condition and effectiveness of care plan interventions monitored and care plan revisions based upon following:**

☐ ☐ Achieving of outcome and/or effects of goals and interventions

☐ ☐ Lack of progression of toward pressure ulcer healing

☐ ☐ Modifications to prevention strategies upon recurrence or pressure ulcer or newly developed pressure ulcer

☐ ☐ Failure to comply with provision of care for pressure ulcer prevention and/or healing and alternative approaches developed

☐ ☐ Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems

☐ ☐ Evaluation of resident's level of participation with and response to care plan

☐ ☐ Resident's refusal or resistance to services requiring alternative means to address pressure ulcer prevention and /or healing needs.

**OBSERVE RESIDENT**

**Skin:**

☐ ☐ Erythema or color changes on sacrum, buttocks, trochanters, posterior thigh, popliteal area, or heels when moved off an area If yes, identify site _____

☐ ☐ Open area present not previously identified. If yes, identify site _____

**OBSERVE RESIDENT continued**

**Observe whether staff consistently implements the care plan over time and across various shifts.**

☐ ☐ Care provided by qualified staff

☐ ☐ Care plan correctly implemented

☐ ☐ Staff followed current standards of practice in provision of care

☐ ☐ Resident free of any negative outcomes related to provision of care and services

☐ ☐ Positioning avoids pressure on existing pressure ulcer(s)

☐ ☐ Measures taken to prevent or reduce potential for shearing or friction during transfers, elevation, and repositioning

☐ ☐ Pressure redistributing devices for bed such as gel-type surfaces or overlays are in place, working, and used according to manufacturer's recommendations

☐ ☐ Pressure redistributing devices for chair, such as gel-type surfaces or overlays are in place, working, and used according to manufacturer's recommendations

☐ ☐ Repositioning/weight shifts occurs at consistent and frequent intervals according to resident's condition and assessed need based on tolerance of tissue-load (pressure)

**Ulcer Treatment**:

☐ ☐ Treatment reflects current standards of practice

☐ ☐ Infection control practices followed during treatment reflect current standards of practice, i.e. glove usage, treatment and dressing procedure

☐ ☐ Ulcer cleansed and protected from contamination by urine or fecal incontinence

☐ ☐ Observed pressure ulcer is same status as clinical record documentation of ulcer

☐ ☐ If resident expressed (or appears to be in) pain related to pressure ulcer or treatment, staff assessed resident and took preemptive measures for pain related to dressing changes or other treatments, such as debridement/irrigations, and monitored for effectiveness

☐ ☐ When resident expressed (or appeared to be in) pain related to ulcer or treatment, staff assessed for pain related to ulcer, addressed and monitored interventions for effectiveness

**INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE**

☐ ☐ Were you involved in development of your care plan, approaches and goals?

☐ ☐ Do the care plan interventions reflect your choices and preferences?

**INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE continued**

☐ ☐ Are the care plan approaches, such as pressure redistribution devices or equipment, turning/repositioning, or weight shifting provided?

☐ ☐ Are you experiencing discomfort/pain in relation to pressure ulcer or treatment?

☐ ☐ Is the management of pain related to your pressure ulcer or treatment effective?

☐ ☐ Do staff respond appropriately promptly when you experience any discomfort/pain in relation to pressure ulcer or treatment?

☐ ☐ Were you ill, lost weight, or have another change in your health prior to developing the pressure ulcer?

☐ ☐ Have you refused any pressure ulcer treatments or care?

☐ ☐ When you refused pressure ulcer treatment or care were you counseled on the consequences of your refusal?

☐ ☐ When you refused pressure ulcer treatment or care were you offered alternative approaches?

☐ ☐ Were you involved in revising any care plan strategies & interventions, when intervention or treatment did not work or you refused them?

**INTERVIEW DIRECT CARE STAFF-**

**Code based on person verbalizing appropriate answers on the questioned issue.**

☐ ☐ Tell me about care plan interventions specific to this resident, such as repositioning and skin care

☐ ☐ What, when, and to whom do you report changes in skin condition? (Examples include changes in color or temperature of skin; odor; wound drainage; complaints of pain or burning at a site where there has been pressure ulcer; presence of potential development of a new ulcer; dressing that is soiled or not intact; and changes in vital signs that might indicate the presence of infection.)

**INTERVIEW PRIMARY CARE NURSE OR CHARGE NURSE**

**Code based on person verbalizing appropriate answers on the questioned issue.**

**Identify staff interviewed and their title** _____

☐ ☐ Tell me about the prevention and treatment interventions for pressure ulcer prevention and healing specific to the resident, including applicable nursing home guidelines/protocols.

☐ ☐ Which staff monitor for implementation of care plan, changes in skin, development of pressure ulcer, and frequency of review and evaluation of ulcer and how do they know what to monitor?

☐ ☐ How are repositioning schedules are determined?

**INTERVIEW PRIMARY CARE NURSE OR CHARGE NURSE continued**

☐ ☐ How are stage 1 pressure ulcers evaluated and treated?

☐ ☐ How is input solicited and obtained from resident or representative during the development and revision of the plan of care?

**INTERVIEW OTHER HEALTH CARE PROFESSIONALS**

**Complete if care provided or interventions defined do not appear to be consistent with recognized standards of practice. Interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of resident, should be able to provide information about causes, treatment, and evaluation of resident's condition or problem. If attending physician unavailable, interview medical director.**

**Code based on provision of appropriate answers to following questions**

**Identify staff interviewed and their title** _____

☐ ☐ How were the chosen interventions deemed appropriate?

☐ ☐ What is the rationale for no interventions for identified risks?

☐ ☐ What changes in the resident's condition warrant additional or different interventions?

☐ ☐ How are the effectiveness of current interventions validated?

**AFTER REVIEW OF QA TOOL, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if facility:**

**For resident who developed pressure ulcer after admission:**

☐ ☐ Recognized and assessed factors placing resident at risk for developing pressure ulcer, including specific conditions, causes and/or problems, needs and behaviors

☐ ☐ Defined and implemented interventions for pressure ulcer prevention in accordance with resident needs, goals, and recognize standards of practice

☐ ☐ Monitored and evaluated resident's response to preventive efforts

☐ ☐ Revised approaches as appropriate

**AFTER REVIEW OF FINDINGS, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if facility:**

**For resident who was admitted with or developed pressure ulcer, who has pressure ulcer that is not healing, or who is at risk of developing subsequent pressure ulcers:**

☐ ☐ Recognized and assessed factors placing the resident at risk of developing a new pressure ulcer or experiencing non-healing or delayed healing of a current pressure ulcer, including specific conditions, causes and/or problems, needs, and behaviors

☐ ☐ Defined and implemented interventions for pressure ulcer prevention and treatment in accordance with resident needs, goals

☐ ☐ Defined and implemented interventions for pressure ulcer prevention and treatment in accordance with recognized standards of practice.

☐ ☐ Addressed potential for infection

☐ ☐ Monitored and evaluated resident's response to preventive efforts and treatment interventions

☐ ☐ Revised approaches as appropriate.

**QA COORDINATOR OR DESIGNEE SHOULD ALSO DETERMINE**

☐ ☐ If the condition or risks were present at the time of the required assessment, did the facility comprehensively assess to determine:

a) the risks and/or determine underlying causes (to the extent possible) of the resident's development of a pressure ulcer,

b) presence and stage of an existing ulcer,

c) current treatments,

d) presence of infection, and

e) impact upon the resident's function, mood, and cognition? F272

**QA COORDINATOR OR DESIGNEE SHOULD ALSO DETERMINE continued**

☐ ☐ Did the facility develop a plan of care with interventions and measurable goals, in accordance with the assessment, resident's wishes, and current standards of practice, to prevent the development of a pressure ulcer, or if present, for the care and treatment of the pressure ulcer and/or infection of the ulcer? F279

☐ ☐ Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? F282

☐ ☐ Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident? F280

**FOLLOW UP "NO" ANSWERS TO DETERMINE NEED FOR CORRECTIVE ACTION PLAN AND REPEAT COMPLETION OF TOOL ON SAME RESIDENT WITHIN TWO WEEKS FOLLOWING IMPLEMENTATION OF CORRECTIVE ACTION.**